

IRMA and WSIR Fields Quick Reference

This *Quick Reference* is intended for use by voluntary Provider Investigators at facilities that fall under the jurisdiction of the Office for People with Developmental Disabilities (OPWDD).

Overview

When a suspected case of abuse and neglect is reported to the New York State Justice Center for the Protection of People with Special Needs and it is assigned to an OPWDD Investigator or an OPWDD Provider Investigator, you, as the Investigator, receive a report from the IRMA system. This reference shows you how to find the information in the IRMA report that you will need when signing into the WSIR form.

For more information about the WSIR web form, review the *Web Submission of Investigation Reports (WSIR) Documentation* (link below) or contact your OPWDD Incident Compliance Officer or Regional Compliance Officer.

Identifying Information in IRMA and WSIR Fields

The following figures show an example of an IRMA report and the WSIR web form sign in page. The **highlighted** fields in the figures indicate where you can find information about the case in the IRMA report and the required fields you need to complete in the WSIR web form; these fields are not highlighted in the actual report or form. Each field is also numbered to identify its location in the IRMA report and the corresponding field in the WSIR web form.

IRMA Report

Fields that Identify the Case

1. External Reference Number
2. Incident Serial Number
3. Case Serial Number

Notes:

- The **Case Sub-Status** field of the incident that must be investigated will be **Pending Provider Updates**
- The External Reference Number is also be known as the IRMA Master Incident number

Incident Details																
Incident Serial Number : 101-9317121				Provider Name : CAPITAL DISTRICT				Incident Class : Reportable				Agency Involved : OPWDD				
Date Occurred From :				Incident Status : Active				Owners : JCTEST_INV10				Incident Summary : Test Linked Incident 1				
Date Occurred To : 10/1/2014 12:00:00 AM				Incident Sub-Status : Assigned				XML Transfer Status : XML Sent				Emergency Situation? : N				
Date Discovered From :				Incident Type : Abuse and Neglect				External Reference Number : 2014-000533				911 Contacted? : N				
Date Discovered To : 10/4/2014 12:00:00 AM				Channel : Phone				Keywords :				Describe 911 Actions :				
Date Reported : 11/24/2014 10:34:45 AM				NYJC Investigating :				Reporter Name :								
Date Closed :				Referral Recommended? :				Witnessed By Reporter? : No								
Reason for Closure :				Media Interest? : N												
External Primary Incident Number :																
Related Incidents																
Header	Incident Serial Number	Incident Summary	Incident Status	Incident Sub-Status	Incident Type	Primary Incident Number	Provider Name	Agency Involved	Date Reported	Date Occurred From	Date Occurred To	XML Transfer Status	External Reference Number	Case Serial Number	Case Status	Case Sub-Status
N	101-9317195	Test Linked Incident 2	Closed	Linked	Abuse and Neglect	101-9317121	CAPITAL DISTRICT	OPWDD	11/24/2014 10:35:43 AM		10/1/2014 12:00:00 AM	XML Sent	2014-000537			
N	101-9324484	Test SI linked 1	Closed	Linked	Significant Incident	101-9317121	CAPITAL DISTRICT	OPWDD	11/24/2014 11:02:25 AM		10/1/2014 12:00:00 AM	XML Sent	2014-000536			
Y	101-9317121	Test Linked Incident 1	Active	Assigned	Abuse and Neglect		CAPITAL DISTRICT	OPWDD	11/24/2014 10:34:45 AM		10/1/2014 12:00:00 AM	XML Sent	2014-000533	55103380	Active	Pending Provider Updates



Fields that Identify the Case:

- 1. IRMA Master Incident # / NIMRS ID #
- 2. VPCR Incident Serial Number
- 3. VPCR Case Serial Number

Note: The following fields must also be completed on the WSIR sign in page:

- Your full name
- Phone number
- E-mail address
- State Oversight Agency (OPWDD)

Welcome to the WEB SUBMISSION OF INVESTIGATION REPORTS WEBFORM for the NYS Justice Center for the Protection of People with Special Needs.

Providers conducting investigations of abuse and neglect cases should utilize this webform to submit case details to their oversight agencies. The information entered via this form is secured using a Hyper-Text Transfer Protocol with SSL Encryption (HTTPS) connection.

Note: This web form provides guidance to help you complete each field. To further enhance your user experience, use Google Chrome or Internet Explorer 9 as your internet browser.

Instructions for the Investigations Form:

1. The provider investigator or her/his administrator should use this online form to submit details of the investigation to their State Oversight Agency (SOA). To access this form, you must enter accurate information on this page, including the VPCR case serial number, VPCR incident serial number, and IRMA Master Incident Number/NIMRS ID Number. If you do not have enough information to continue, please contact your SOA for assistance. If your SOA is the Office for Persons with Developmental Disabilities (OPWDD), please contact your Incident Compliance Officer or Regional Compliance Officer from OPWDD for additional information. If your SOA is the Office of Mental Health (OMH), please reach out to the OMH contact who assigned you the investigation for assistance.
2. Once you have accessed the case, you will be asked to enter individuals involved in the case, offense details, and supporting attachments to the investigation. You will be able to save your progress on the form and access it as many times as necessary until clicking the Submit button on the next page.
3. Once you have submitted the investigation report for review, you may be contacted by either your SOA or the Justice Center for additional details.

Enter in your contact information below.

Your Full Name: * Phone Number: * Email Address: *

Enter in the investigation identifying information below.

State Oversight Agency: * IRMA Master Incident # / NIMRS ID #: * VPCR Incident Serial Number: * VPCR Case Serial Number: *

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